



Prevention Brief

VA National Center for Health Promotion and Disease Prevention
Office of Patient Care Services, Veterans Health Administration

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Using Exercise Prescriptions



Bottom Line

Use exercise prescriptions to:

- start a conversation about physical activity with your patients
- individually tailor parameters for safe physical activity using F.I.T.T (frequency, intensity, time, type)
- supplement other interventions to promote physical activity in your patients

Most of us are aware of the health benefits of regular physical activity. Sadly, a significant majority of the population remains sedentary. This is also true of our VHA patients, many of whom have conditions which would benefit from regular physical activity.

The evidence on brief physical activity counseling in primary care settings is mixed. The challenge before us is to find ways to help our patients become and

remain physically active.

Exercise prescriptions are one such strategy. The term “exercise prescription” actually refers to two different concepts. In the physiologic sense, an exercise prescription is a plan or program that details specific parameters for physical activity designed to achieve a specific physiologic outcome, such as cardiorespiratory fitness, weight loss, musculoskeletal rehabilitation, etc.

Alternatively, an “exercise prescription” can be used to refer to a traditional paper prescription used by doctors to prescribe a therapy, usually a medication.

This brief will review the use of exercise prescriptions and point to resources available for you and your patients.

Finding the right F.I.T.T

F.I.T.T.

F- frequency

How often should patient do activity?

The American College of Sports Medicine suggests that a “physiologic” exercise prescription include the components of F.I.T.T (see side bar).

I- intensity

How hard should patient do activity?

This prescription can be as simple as:

Walk, 30 minutes a day, 5 days a week, at a pace that you can keep up a conversation.

T- time

How long should each session of activity be?

or 20 minutes of vigorous activity on 3 or more days per week is recommended.

Recommendations should be tailored to the needs of the patient. Patients who desire maximal cardiorespiratory fitness or weight loss maintenance will need a different prescription than the sedentary patient who is just getting started with activity.

T- type

What types of activities should patient do?

Patients with specific needs may require a more detailed or complicated prescription depending on their status, resources, and current level of activity.

For health benefits, 30 minutes of moderate activity on 5 or more days per week

The evidence suggests that patients who receive “tailored” prescriptions have better adherence and achieve more clinical benefit compared to standard prescriptions.

Clinicians are sometimes wary of telling patients to

become physically active because they fear potential cardiovascular events and subsequent medicolegal liability. Most studies show that the risk of cardiovascular events in patients beginning physical activity is quite low.

There are excellent tools available to help clinicians risk stratify patients prior to advising physical activity. (see resources next page)

Remember, the health risks from remaining sedentary are probably higher than the risks of becoming physically active.



5 A's of Health Counseling

A- Assess

A- Advise

A- Agree

A- Assist

A- Arrange Follow-up

The Exercise Rx - does it work?

One strategy that has been used to promote physical activity in patients is the use of a paper prescription "Rx" form, similar to how medications were prescribed before computers.

Very few studies have evaluated the use of an Exercise Rx as a single intervention. Some studies have paired an Exercise Rx with additional strategies, such as on-going telephone or face-to-face counseling, referral for home-based or community exercise programs, additional written materials, and pedometers.

Synthesis of these studies is made difficult by the differences in interventions, outcome measures used, and duration of follow-up. Few studies report outcomes greater than 6 months.

Results of studies suggest the following:

- More frequent and intensive contact with patients is more effective than less contact
- A mix of self-management and professional guidance is probably most effective
- Tailored, written advice is more effective than verbal advice, or standard written advice
- Activity counseling can be effective when delivered by most any type of professional staff, not just an exercise professional
- A single paper "Exercise Rx" alone, is probably not effective for getting patients to engage in regular, long-term activity

With these findings, what's the role of an Exercise Rx form?

Use it with the 5 A's approach to behavioral health counseling (see sidebar). They can be used to "start the conversation" with patients. You play an important role in communicating health risks to your patients and helping them overcome barriers to change.

For patients who aren't ready to change, the exercise Rx conveys the importance that you place on physical activity for the patient's health. It plants a seed for change in the future.

For patients who are ready, the exercise Rx is the beginning of a self-management plan for change. Use it to record the plan of action you and the patient have agreed on.

Additional Resources



Weight Management Program
for Veterans



Patient Tools

- **MOVE!** Patient Handouts
<http://www.move.va.gov/handouts.asp>
- Exercise: A guide from the National Institute on Aging
<http://www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide/>
- President's Fitness Challenge
<http://www.healthierusveterans.va.gov/FitnessChallenges/Default.asp>
- Physical Activity and your Heart
http://www.nhlbi.nih.gov/health/public/heart/obesity/physical_active.pdf

Clinician Tools

- VA's Prescription for Health
These prescription pads were sent to every VAMC last fall. More can be ordered through your facility forms officer, or download a copy from <http://www.healthierusveterans.va.gov/PrescriptionForHealth/Default.asp>

Available at the *MOVE!* Website:

- Blank F.I.T.T Prescriptions
- Physical Activity Decision Aid
- Pre-exercise cardiovascular risk stratification
- VA guidance for pedometers
<http://www.move.va.gov/HealthProfessionals.asp>

Additional Reading

- *A nice narrative review*
Prescribing Exercise as Preventive Therapy (Warburton et al). CMAJ 2006. 174((7): 961-974
- *A systematic review*
Interventions for promoting physical activity (Hillsdon et al). Cochrane Database of Systematic Reviews 2005, Issue 1.
- Recommendations from the US Preventive Services Task Force
<http://www.ahrq.gov/clinic/uspstf/uspstphys.htm>
- Recommendations from the Task Force on Community Preventive Services:
<http://www.thecommunityguide.org/pa/default.htm>